## State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: **elections@wyo.gov**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

**FILING OFFICE:** 

Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600 Cheyenne, WY 82002

E-mail: elections@wyo.gov

Fax: (307) 777.7640

RECEIVED

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WYOMING SECRETARY OF STATE

## **State Elected Official Financial Disclosure Form**

Name of Official:	Michael K. Madden State Representative		
Office Held:			
	Senate District (if applicable):  House District (if applicable):		
Business Address:			
Business City, State a	nd Zip:		
Business Phone:	()		
Home Address:	63 Langdon Road		
Home City, State and	Buffalo, WY		
Home Phone:	<sub>(</sub> 307 <sub>)</sub> 620-9065		

## I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

List the <i>offices</i> held in business enter <b>Office Held</b>	Name and Address of Enterpris
none	
List any directorship positions held i	n business enterprises
Name of Enterprise	Address of Enterprise
none	
Salaried Employment  Job Title	Name and Address of Enterprise
none	Name and Address of Enterprise

## II. Sources of Income

(Please use additional sheets as necessary.)

a)	Employment Name of Employer	Address of Employer
- b)	business interest (W.S. 9-13-108 (c) sta	addresses of all business entities in which you have ates: "Name and address of all business entities bunt (10%) of the entity is owned, or sole proprietorship
_	Name of Business Entity	Address of Business Entity
c)	Investments	Income Earned
	A. Any security or interest earnings	Yes No
	B. Real estate, leases, royalties Yes No  Other (describe generally):  I am retired an receive a pension from my former empty	
		Michael K. Madden
On this informa	1 day of Feb.	2019 I affirm that the preceding
		Signature